Case 1:20-bk-10351 Doc 1 Filed 02/07/20 Entered 02/07/20 13:46:02 Desc Main Document Page 1 of 47

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
SOUTHERN DISTRICT OF OHIO	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

t 1: Identify Yourself			
	About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):
Your full name			
Write the name that is on	Allyson		
your government-issued picture identification (for example, your driver's	First name		First name
	D		
license or passport).	Middle name		Middle name
Bring your picture	Harrison		
meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)		Last name and Suffix (Sr., Jr., II, III)
All other names you have used in the last 8 years			
Include your married or maiden names.			
Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-3809		
	Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. All other names you have used in the last 8 years Include your married or maiden names. All other names you have used in the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number All other names you have used in the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. All other names you have used in the last 8 years Include your married or maiden names. Allyson First name D Middle name Harrison Last name and Suffix (Sr., Jr., II, III) All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number

Case 1:20-bk-10351 Doc 1 Filed 02/07/20 Entered 02/07/20 13:46:02 Desc Main Document Page 2 of 47 Debtor 1 Allyson D Harrison Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.			
	Include trade names and doing business as names	Business name(s)	Business name(s)			
		EINs	EINs			
5.	Where you live		If Debtor 2 lives at a different address:			
		1381 State Route 125 Apt. 1A				
		Amelia, OH 45102 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		Clermont				
		County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing this district to file for	Check one:	Check one:			
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			

Case 1:20-bk-10351 Doc 1 Filed 02/07/20 Entered 02/07/20 13:46:02 Desc Main Document Page 3 of 47

Case number (if known)

art	2: Tell the Court About	Your Bank	ruptcy (Case					
	The chapter of the Bankruptcy Code you are			brief description of each, see o, go to the top of page 1 and		l by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy priate box.			
	choosing to file under	■ Chapter 7							
		☐ Chap	ter 11						
		□ Chap							
		☐ Chap							
	How you will pay the fee	abo	out how y ler. If you	you may pay. Typically, if you	are paying the fe	check with the clerk's office in your local court for more details e yourself, you may pay with cash, cashier's check, or money behalf, your attorney may pay with a credit card or check with			
				ay the fee in installments. If Fee in Installments (Official Fo		option, sign and attach the Application for Individuals to Pay			
			Ū	•	,	ption only if you are filing for Chapter 7. By law, a judge may,			
		but app	is not re dies to y	equired to, waive your fee, and our family size and you are un	may do so only able to pay the fo	if your income is less than 150% of the official poverty line that see in installments). If you choose this option, you must fill out Official Form 103B) and file it with your petition.			
	Have you filed for	■ No.							
	bankruptcy within the last 8 years?	☐ Yes.							
	•		Distric	t	When	Case number			
			Distric		When	Case number			
			Distric	t	When	Case number			
	Are any bankruptcy	■ No							
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an	☐ Yes.							
	affiliate?		Debtoi			Relationship to you			
			Distric		When	Case number, if known			
			Debto	-		Relationship to you			
			Distric		When	Case number, if known			
			Diotrio			Case named, it known			
1.	Do you rent your	□ No.	Go to	line 12.					
	residence?	Yes.	Hasy	your landlord obtained an evic	tion judgment ag	ainst you?			
				No. Go to line 12.					
				Yes. Fill out <i>Initial Statemen</i> bankruptcy petition.	nt About an Evict	ion Judgment Against You (Form 101A) and file it with this			

Debtor 1 Allyson D Harrison

Case number (if known)

Document Page 4 of 47

	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	o Part 4.
		☐ Yes.	Nam	e and location of business
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			e of business, if any
	If you have more than one sole proprietorship, use a separate sheet and attach		Num	ber, Street, City, State & ZIP Code
	it to this petition.		Chec	ck the appropriate box to describe your business:
				Health Care Business (as defined in 11 U.S.C. § 101(27A))
				Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as defined in 11 U.S.C. § 101(53A))
				Commodity Broker (as defined in 11 U.S.C. § 101(6))
				None of the above
	debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D).	■ No. □ No. □ Yes.	I am Code	not filing under Chapter 11. filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy e. filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code
			Hazard	ous Property or Any Property That Needs Immediate Attention
	•	Have Any		
	Do you own or have any	■ No.		
Part 14.	Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to		What is	the hazard?
	Do you own or have any property that poses or is alleged to pose a threat of imminent and	■ No.	If imme	ediate attention is d, why is it needed?

Debtor 1 Allyson D Harrison

Document Page 5 of 47

Debtor 1 Allyson D Harrison

Case number (if known)

 Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 ☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

2/07/20 1:45PM

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Page 6 of 47 Document

Deb	tor 1 Allyson D Harriso	n		Case number (if	known)
Part	6: Answer These Quest	ions for R	eporting Purposes		
16.	What kind of debts do you have?	16a.	Are your debts primarily consume individual primarily for a personal,	ner debts? Consumer debts are defined family, or household purpose."	in 11 U.S.C. § 101(8) as "incurred by an
			☐ No. Go to line 16b.		
			Yes. Go to line 17.		
		16b.		ss debts? Business debts are debts that or through the operation of the busines	
			☐ No. Go to line 16c.		
			☐ Yes. Go to line 17.		
		16c.	State the type of debts you owe the	at are not consumer debts or business de	ebts
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter 7. Go	to line 18.	
	Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will	y exempt are paid that funds will be available to distribute to unsecured creditors? y is excluded and trative expenses			
	be available for distribution to unsecured creditors?		☐ Yes		
18.	How many Creditors do	1 -49		□ 1,000-5,000	2 5,001-50,000
	you estimate that you owe?	□ 50-99		☐ 5001-10,000 ☐ 40,004.05.000	50,001-100,000
		☐ 100-1 ☐ 200-9		☐ 10,001-25,000	☐ More than100,000
		— 200 0			
19.	How much do you estimate your assets to	\$0 - \$		□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion
	be worth?		01 - \$100,000	□ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million	□ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion
			001 - \$500,000 001 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion
20.	How much do you	\$0 - \$	50 000	☐ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion
	estimate your liabilities to be?		001 - \$100,000	□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion
			001 - \$500,000	□ \$50,000,001 - \$100 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion
		□ \$500,	001 - \$1 million	□ \$100,000,001 - \$500 million	More than \$50 billion
Part	7: Sign Below				
For	you	I have ex	ramined this petition, and I declare u	under penalty of perjury that the information	on provided is true and correct.
		If I have of United St	chosen to file under Chapter 7, I am tates Code. I understand the relief a	aware that I may proceed, if eligible, und vailable under each chapter, and I choos	der Chapter 7, 11,12, or 13 of title 11, e to proceed under Chapter 7.
			rney represents me and I did not pa nt, I have obtained and read the noti	y or agree to pay someone who is not an ce required by 11 U.S.C. § 342(b).	attorney to help me fill out this
		I request	relief in accordance with the chapte	er of title 11, United States Code, specifie	d in this petition.
		bankrupt and 3571	cy case can result in fines up to \$25 I.	ealing property, or obtaining money or pr 60,000, or imprisonment for up to 20 years	operty by fraud in connection with a s, or both. 18 U.S.C. §§ 152, 1341, 1519,
			son D Harrison	Signature of Debtor 2	
			D Harrison e of Debtor 1	Signature of Debtor 2	
		Executed	d on February 6, 2020	Executed on	
		LACCUIEC	MM / DD / YYYY		D/YYYY

Case 1:20-bk-10351 Doc 1 Filed 02/07/20 Entered 02/07/20 13:46:02 Desc Main Document Page 7 of 47

Debtor 1 Allyson D Harrison Page 7 of 47

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Christopher Travis	Date	February 6, 2020
Signature of Attorney for Debtor		MM / DD / YYYY
Christopher Travis Printed name		
Keegan & Co. Attorneys, LLC		
4440 Glen Este-Withamsville Road Suite 350		
Cincinnati, OH 45245		
Number, Street, City, State & ZIP Code		
Contact phone (513) 752-3900	Email address	christravisbook@yahoo.com
0067699 OH		
Par number 9 State		

	00.00 1.10 0.1 100	Document	Page 8 of 47		2/07/20 1:45PM
Fill	in this information to identify y	our case:			
Deb	tor 1 Allyson D Har	rrison			
Dah	First Name tor 2	Middle Name	Last Name		
	use if, filing) First Name	Middle Name	Last Name		
Unit	ed States Bankruptcy Court for th	ne: SOUTHERN DISTRICT OF O	OHIO		
Cas	e number				
(if kn	own)			_	if this is an ded filing
	ficial Form 106Sum	-			
			Sertain Statistical Information		12/15
info	mation. Fill out all of your sche	edules first; then complete the info	iling together, both are equally responsible formation on this form. If you are filing amend		
your		ut a new <i>Summary</i> and check the l	box at the top of this page.		
Par	1: Summarize Your Assets				
				Your as Value o	ssets f what you own
1.	Schedule A/B: Property (Offici 1a. Copy line 55, Total real esta	ial Form 106A/B) ate, from Schedule A/B		\$	0.00
	1b. Copy line 62, Total personal	I property, from Schedule A/B		\$	1,797.00
	1c. Copy line 63, Total of all pro	perty on Schedule A/B		\$	1,797.00
Par	2: Summarize Your Liabilitie	es			
				Your li	abilities
				Amount	you owe
2.		ve Claims Secured by Property (Office Column A, Amount of claim, at the bo	cial Form 106D) ottom of the last page of Part 1 of <i>Schedule D</i>	\$	900.00
3.		lave Unsecured Claims (Official Form Part 1 (priority unsecured claims) from	n 106E/F) m line 6e of <i>Schedule E/F</i>	\$	0.00
	3b. Copy the total claims from F	Part 2 (nonpriority unsecured claims)	from line 6j of Schedule E/F	\$	13,944.00
			Your total liabilities	\$ \$	14,844.00
Par	3: Summarize Your Income	and Expenses			
4.	Schedule I: Your Income (Official Copy your combined monthly in			\$	1,468.00
5.	Schedule J: Your Expenses (Officopy your monthly expenses from	ficial Form 106J) om line 22c of <i>Schedule J</i>		\$	1,461.00
Par	4: Answer These Questions	s for Administrative and Statistical	Records		
6.	Are you filing for bankruptcy of No. You have nothing to re	•	this box and submit this form to the court with yo	our other sch	edules.
	Yes				
7.	What kind of debt do you have	e?			
			are those "incurred by an individual primarily for statistical purposes. 28 U.S.C. § 159.	· a personal,	family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Case 1:20-bk-10351 Doc 1 Filed 02/07/20 Entered 02/07/20 13:46:02 Desc Main Document Page 9 of 47

Debtor 1 Allyson D Harrison

Case number (if known)

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	\$	1,588.35
		1 -	

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	l otal clai	m
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Case 1:20-bk-10351 Doc 1 Filed 02/07/20 Entered 02/07/20 13:46:02 Desc Main Document Page 10 of 47 2/07/20 1:45PM Fill in this information to identify your case and this filing: Debtor 1 **Allyson D Harrison** Middle Name Last Name First Name Debtor 2 Middle Name (Spouse, if filing) First Name Last Name United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. ☐ Yes. Where is the property? Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles □ No Yes Scion Do not deduct secured claims or exemptions. Put Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: TC Creditors Who Have Claims Secured by Property. Model ■ Debtor 1 only 2008 Year: Debtor 2 only Current value of the Current value of the

Make: Scion

Model: TC

Year: 2008

Approximate mileage: 216,000
Other information:

Model: TC

Year: 2008

Approximate mileage: 216,000

Other information:

Check if this is community property
(see instructions)

Who has an interest in the property? Check one the property? Check one the amount of any secured claims or exemptions. Put the amount of any secured claims or exemption

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories *Examples:* Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

■ No □ Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=

\$542.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

Case 1:20-bk-10351 Doc 1 Filed 02/07/20 Entered 02/07/20 13:46:02 Desc Main Page 11 of 47 2/07/20 1:45PM Document Debtor 1 Allyson D Harrison Case number (if known) 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe..... \$100.00 Couch, Box Spring, Matress 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... TV (\$200.00) \$200.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... Examples: Pistols, rifles, shotguns, ammunition, and related equipment No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... \$150.00 Wearing Apparel 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses □ No Yes. Describe..... \$0.00 Dog 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached

for Part 3. Write that number here

\$450.00

Case 1:20-bk-10351 Doc 1 Filed 02/07/20 Entered 02/07/20 13:46:02 Desc Main Document Page 12 of 47

Debto	or 1 Allyson D	Harrison			Case number (if known	n)
Part 4	: Describe Your Fina	ncial Assets	•			
				any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	Examples: Money you No	•	•	me, in a safe deposit box, and o	on hand when you file your pet	ition
					Cash	\$5.00
		-		unts; certificates of deposit; sha with the same institution, list ea	_	e houses, and other similar
	Yes			Institution name:		
		17.1.	Checking	Key Bank Bank		\$800.00
	onds, mutual funds Examples: Bond fund No			kerage firms, money market ac	counts	
	Yes		Institution or issuer r	name:		
j	on-publicly traded soint venture No	stock and i	nterests in incorpo	rated and unincorporated bu	sinesses, including an intere	est in an LLC, partnership, and
	Yes. Give specific in		about them		% of ownership:	
^	Negotiable instrumen Non-negotiable instru	ts include p	ersonal checks, casl	tiable and non-negotiable insiniers' checks, promissory notes nafer to someone by signing or	s, and money orders.	
	No Yes. Give specific in		bout them er name:			
E	No	n IRA, ERIS	5A, Keogh, 401(k), 40	03(b), thrift savings accounts, o	r other pension or profit-sharin	g plans
	Yes. List each accor		ely. of account:	Institution name:		
Y 		ed deposits	s you have made so	that you may continue service oublic utilities (electric, gas, wat		anies, or others
	Yes			Institution name or individual	dual:	
_	•	for a period	lic payment of mone	y to you, either for life or for a n	umber of years)	
	No Yes	ssuer name	e and description.			
26	U.S.C. §§ 530(b)(1)			nalified ABLE program, or und	der a qualified state tuition p	rogram.
	No Yes	nstitution n	ame and description	. Separately file the records of	any interests.11 U.S.C. § 521(p):
	100		·	her than anything listed in lin	, ,	•

■ No

Schedule A/B: Property

Official Form 106A/B

			Document	Page 13 of 4	/	2/07/20 1:45F
De	ebtor 1	Allyson D Harrison			Case number (if known)	
	☐ Yes.	Give specific information about them				
26.	_Exam	s, copyrights, trademarks, trade secreples: Internet domain names, websites, p			ents	
	■ No □ Yes.	Give specific information about them				
	Licens Examp ■ No	es, franchises, and other general inta bles: Building permits, exclusive licenses	ngibles , cooperative associatio	n holdings, liquor lice	nses, professional licens	es
	☐ Yes.	Give specific information about them				
Mo	oney or	property owed to you?				Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax re	funds owed to you				
	■ No □ Yes.	Give specific information about them, inc	cluding whether you alre	eady filed the returns	and the tax years	
	Exam _i ■ No	support bles: Past due or lump sum alimony, spo	usal support, child supp	ort, maintenance, div	orce settlement, property	settlement
	⊔ Yes.	Give specific information				
30.		amounts someone owes you oles: Unpaid wages, disability insurance benefits; unpaid loans you made to		nefits, sick pay, vacati	on pay, workers' comper	nsation, Social Security
	☐ Yes.	Give specific information				
31.		ets in insurance policies coles: Health, disability, or life insurance; I	nealth savings account	(HSA); credit, homeov	vner's, or renter's insurar	nce
	☐ Yes.	Name the insurance company of each p Company name:	olicy and list its value.	Benefic	ary:	Surrender or refund value:
	If you somed	terest in property that is due you from are the beneficiary of a living trust, expendence has died.			e currently entitled to rece	eive property because
	■ No □ Yes.	Give specific information				
33.		s against third parties, whether or not oles: Accidents, employment disputes, in			d for payment	
	■ No □ Yes.	Describe each claim				
34.	Other	contingent and unliquidated claims of	every nature, includir	g counterclaims of	the debtor and rights to	set off claims
	■ No		•		•	
	☐ Yes.	Describe each claim				
	-	nancial assets you did not already list				
	■ No □ Yes.	Give specific information				
36		the dollar value of all of your entries frart 4. Write that number here				\$805.00

		Doc 1 Filed 02/0 Document	7/20 Entered Page 14 of	1 02/07/20 13:46:02 47	Desc Main 2/07/20 1:45Pf
Debto	Allyson D Harrison			Case number (if known)	
Part 5	Describe Any Business-Related Prope	erty You Own or Have an Inter	est In. List any real esta	ate in Part 1.	
37. Do	you own or have any legal or equitable	interest in any business-relate	ed property?		
I	lo. Go to Part 6.				
	es. Go to line 38.				
Part 6	Describe Any Farm- and Commercial If you own or have an interest in farmlan		Own or Have an Interes	st In.	
16. D e	you own or have any legal or equi	table interest in any farm-	or commercial fishir	ng-related property?	
	No. Go to Part 7.				
	Yes. Go to line 47.				
Part 7	Describe All Property You Own o	or Have an Interest in That You	u Did Not List Above		
	you have other property of any kir xamples: Season tickets, country club		?		
	Yes. Give specific information				
54. <i>i</i>	Add the dollar value of all of your er	ntries from Part 7. Write th	at number here		\$0.00
Part 8	List the Totals of Each Part of this	Form			
55. I	Part 1: Total real estate, line 2				\$0.00
56. I	Part 2: Total vehicles, line 5		\$542.00		
57. I	Part 3: Total personal and househol	d items, line 15	\$450.00		
58. I	Part 4: Total financial assets, line 36	5	\$805.00		
59. I	Part 5: Total business-related prope	erty, line 45	\$0.00		
	Part 6: Total farm- and fishing-relate		\$0.00		
61. I	Part 7: Total other property not liste	d, line 54 +	\$0.00		
62. -	Fotal personal property. Add lines 56	6 through 61	\$1,797.00	Copy personal property tota	\$1,797.00

Official Form 106A/B Schedule A/B: Property page 5

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$1,797.00

Document Page 15 of 4	7
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		Docume	it Paye 13 01 47	
Fill in this infor	mation to identify your	case:		
Debtor 1	Allyson D Harriso	on		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO	
Case number (if known)				☐ Check if this is an

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

amended filing

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Current rund of the familiary the complete years		Specific laws that allow exemption	
2008 Scion TC 216,000 miles	\$542.00	\$4,000.00		Ohio Rev. Code Ann. § 2329.66(A)(2)	
Ellie IIolii Gonedale 702. GT			100% of fair market value, up to any applicable statutory limit	202000(///(2)	
Couch, Box Spring, Matress Line from Schedule A/B: 6.1	\$100.00 ■		\$100.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	
Ellie Irolli Goricdale Av.B. G.1			100% of fair market value, up to any applicable statutory limit	2020:00(//)(4)(d)	
TV (\$200.00) Line from Schedule A/B: 7.1	\$200.00	•	\$200.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	
Ellie Helli Genedale 7VB. FTI			100% of fair market value, up to any applicable statutory limit	2020:00(x)(+)(a)	
Wearing Apparel Line from Schedule A/B: 11.1	\$150.00		\$150.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	
Line from Schedule AVD. 1111			100% of fair market value, up to any applicable statutory limit	2020:00(A)(+)(a)	
Dog Line from Schedule A/B: 13.1	\$0.00		\$0.00	Ohio Rev. Code Ann. § 2329.66(A)(18)	
Ellic Holli Genedale FVD. 10.1			100% of fair market value, up to any applicable statutory limit	2020.00(7.)(10)	

Case 1:20-bk-10351 Doc 1 Filed 02/07/20 Entered 02/07/20 13:46:02 Desc Main Document Page 16 of 47 Case number (if known)

Brief desc	lyson D Harrison cription of the property and line on A/B that lists this property	Current value of the portion you own Copy the value from		Case number (if known) ount of the exemption you claim ck only one box for each exemption.	Specific laws that allow exemption	
		portion you own Copy the value from			Specific laws that allow exemptio	
			Che	ck only one box for each exemption		
		Schedule A/B		on only one box for each exemplion.		
Cash	Schedule A/B: 16.1	\$5.00		\$5.00	Ohio Rev. Code Ann. § 2329.66(A)(3)	
Line non	ie IIOIII S <i>criedule A/B</i> . 10.1			100% of fair market value, up to any applicable statutory limit	2323.00(A)(3)	
Checking: Key Bank Bank Line from Schedule A/B: 17.1		\$800.00		\$800.00	Ohio Rev. Code Ann. § 2329.66(A)(18)	
Line non	Scriedule AVB. 17.1			100% of fair market value, up to any applicable statutory limit	2323.00(A)(10)	

☐ Yes

Case	1.20 BK 10001	Document Page 1	17 of 47	10.40.02 DC3	2/07/20 1:45PN
Fill in this inform	nation to identify you				
Debtor 1	Allyson D Harris	son			
	First Name	Middle Name Last Name		-	
Debtor 2 (Spouse if, filing)	First Name	Middle Name Last Name		-	
(Spouse II, IIIIIg)	i iist ivailie	wildule Name Last Name			
United States Ba	nkruptcy Court for the:	SOUTHERN DISTRICT OF OHIO			
Case number (if known)					if this is an ded filing
Official Forn	n 106D				
Schedule	D: Creditors	Who Have Claims Secure	ed by Propert	У	12/15
□ No. Check ■ Yes. Fill in Part 1: List A 2. List all secured for each claim. If m	all of the information be all Secured Claims claims. If a creditor has more than one creditor has	is form to the court with your other schedules.	ely Column A	Column B Value of collateral that supports this	Column C Unsecured portion
	.,	•	value of collateral.	claim	If any
2.1 Big Lots Creditor's Name	<u> </u>	Describe the property that secures the claim:	\$900.00	\$100.00	\$800.00
	ry Portfolio	Couch, Box Spring, Matress			
Services	•	As of the data varifile the claim in St. 1 Hill			
PO Box 2		As of the date you file, the claim is: Check all that apply.			
	Z 85282-7288	Contingent			
Number, Street	, City, State & Zip Code	Unliquidated			
Who owes the de	ebt? Check one.	Disputed Nature of lien. Check all that apply.			
■ Debtor 1 only		☐ An agreement you made (such as mortgage or s	secured		
Debtor 2 only		car loan)			
Debtor 1 and De	ebtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of t	he debtors and another	☐ Judgment lien from a lawsuit			

Purchase Money Security

☐ Check if this claim relates to a community debt

Date debt was incurred 2019

Other (including a right to offset)

Last 4 digits of account number

Case 1:20-bk-10351 Doc 1 Filed 02/07/20 Entered 02/07/20 13:46:02 Desc Main Document Page 18 of 47

Deb	tor 1 Allyson D Harrison		Case number (if known)			
	First Name Middle N	lame Last Name	_			
2.2	Eagle Loan Company Of Ohio	Describe the property that secures the claim:	\$0.00	\$542.00	\$0.00	
	Creditor's Name	2008 Scion TC 216,000 miles				
	4450 Eastgate Blvd. Suite 235 Cincinnati, OH 45255	As of the date you file, the claim is: Check all that apply. Contingent				
	Number, Street, City, State & Zip Code	☐ Unliquidated				
Who	o owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.				
_	Debtor 1 only Debtor 2 only	An agreement you made (such as mortgage or secar loan)	ecured			
	Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)				
☐ At least one of the debtors and another☐ Check if this claim relates to a community debt		☐ Judgment lien from a lawsuit ☐ Other (including a right to offset)				
Date	debt was incurred	Last 4 digits of account number 2564				
Ad	ld the dollar value of your entries in C	Column A on this page. Write that number here:	\$900.00	\Box		
	his is the last page of your form, add ite that number here:	the dollar value totals from all pages.	\$900.00	\overline{p}		

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Ou	3C 1.20 DK 10001	DOCI	ocument	Page 1	9 of 47	J.40.02 L	2/07/20 1:45PM	
Fill in this inf	ormation to identify your	case:						
Debtor 1	Allyson D Harriso	n						
200101	First Name	Middle Nar	ne	Last Name				
Debtor 2								
(Spouse if, filing)	First Name	Middle Nar	ne .	Last Name				
United States	Bankruptcy Court for the:	SOUTHERN	DISTRICT OF OF	HIO				
Case number								
(if known)							Check if this is an	
						a	mended filing	
Official Fo	orm 106E/F							
	E/F: Creditors W	ho Have I	Insecured	Claime			12/15	
	and accurate as possible. Us				Part 2 for graditors with N	ONDDIODITY old		
Schedule D: Creeft. Attach the Game and case	ecutory Contracts and Unexp editors Who Have Claims Sec Continuation Page to this pag number (if known).	ured by Property je. If you have no	r. If more space is in information to rep	needed, copy	the Part you need, fill it ou	t, number the en	tries in the boxes on the	
	t All of Your PRIORITY Un							
	o any creditors have priority unsecured claims against you?							
■ No. Go	to Part 2.							
☐ Yes.								
Part 2: Lis	t All of Your NONPRIORIT	Y Unsecured (Claims					
3. Do any cre	editors have nonpriority unsec	cured claims aga	inst you?					
☐ No. You	ı have nothing to report in this p	art. Submit this fo	rm to the court with	your other sch	edules.			
Yes.				•				
unsecured	our nonpriority unsecured claum, list the creditor separately editor holds a particular claim, li	y for each claim. F	or each claim listed	I, identify what	type of claim it is. Do not list	claims already in	cluded in Part 1. If more	
2.							Total claim	
4.1 Capi	tal One Bank USA NA	l	ast 4 digits of acc	ount number	harrison		\$0.00	
	iority Creditor's Name		A/I 4II-I-4		there were 2040			
	Box 85015 mond, VA 23285-5015	`	When was the debt	incurred?	through 2019		_	
	er Street City State Zip Code		s of the date you	file, the claim	is: Check all that apply			
Who ii	ncurred the debt? Check one.							
■ De	btor 1 only	I	☐ Contingent					
☐ De	btor 2 only	[☐ Unliquidated					
☐ De	btor 1 and Debtor 2 only		☐ Disputed					
☐ At I	least one of the debtors and and	-	「ype of NONPRIOR ¬	RITY unsecure	d claim:			
	eck if this claim is for a comr	nunity	Student loans					
debt Is the	claim subject to offset?		Obligations arising open as priority claim		aration agreement or divorce	that you did not		
■ No			,		ng plans, and other similar d	ebts		
□ Yes			Other Specify					

Document Page 20 of 47

2/07/20 1:45PM

Debt	or 1 Allyson D Harrison	Case number (if known)	
4.2	Credit One Bank	Last 4 digits of account number 8428	\$0.00
	Nonpriority Creditor's Name PO Box 98872	When was the debt incurred? through 2019	
	Hanover, MD 21076	When was the dept incurred: (III Ough 2015	_
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did no	ot
	Is the claim subject to offset?	report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Goods and Services	
4.3	Kohl's/Capone	Last 4 digits of account number 4548	\$493.00
	Nonpriority Creditor's Name		<u> </u>
	PO Box 3115 Milwaukee, WI 53201 Number Street City State Zip Code	When was the debt incurred? through 2019	<u></u>
		As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	The change and you me, me channel of look an that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did no	nt
	Is the claim subject to offset?	report as priority claims	,
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Goods and Services	_
4.4	LVNV Funding	Last 4 digits of account number 8428	\$773.00
	Nonpriority Creditor's Name		Ψ110.00
	c/o Resurgent Capital Services PO Box 1269	When was the debt incurred? through 2019	
	Greenville, SC 29603		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<u> </u>		
	■ Debtor 1 only	Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did no report as priority claims	ot
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Collection for Credit One Bank	

Document Page 21 of 47

2/07/20 1:45PM

Debtor	Allyson D Harrison		Case number (if known)			
4.5	LVNV Funding	Last 4 digits of account number	1868	\$1,544.00		
	Nonpriority Creditor's Name c/o Resurgent Capital Services PO Box 1269 Greenville, SC 29603	When was the debt incurred?	through 2019			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is				
	Debtor 1 only	Пол				
		☐ Contingent ☐ Unliquidated				
	Debtor 2 only					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	alaim			
	At least one of the debtors and another	Student loans	ciaim:			
	☐ Check if this claim is for a community debt Is the claim subject to offset?		ation agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing	plans, and other similar debts			
	Yes	■ Other. Specify Collection for				
4.6	Nissan Motor Acceptance Nonpriority Creditor's Name	Last 4 digits of account number	0771	\$5,520.00		
	PO Box 660366 Dallas, TX 75266-0366	When was the debt incurred?	through 2019			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is				
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separ report as priority claims				
	■ No	Debts to pension or profit-sharing				
	Yes	Other. Specify Deficiency E				
4.7	One Main	Last 4 digits of account number	5679	\$4,008.00		
	Nonpriority Creditor's Name PO Box 1010 Evansville, IN 47706-1010	When was the debt incurred?	through 2019			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is				
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt	☐ Obligations arising out of a separ				
	Is the claim subject to offset?	report as priority claims				
	■ No	Debts to pension or profit-sharing	•			
	☐ Yes	Other. Specify Goods and	Services			

Case 1:20-bk-10351 Doc 1 Filed 02/07/20 Entered 02/07/20 13:46:02 Desc Main Document Page 22 of 47

Case number (if known)

Depto	Allyson D Harrison	Case number (if known)					
4.8	Park National Bank	Last 4 digits of account number 3809	\$0.00				
	Nonpriority Creditor's Name PO Box 1130 West Chester, OH 45071	When was the debt incurred? through 2019	_				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply					
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	□ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts					
	☐ Yes	Other. Specify Overdrawn Bank Account	_				
4.9	Progressive Leasing	Last 4 digits of account number 1945	\$1,186.00				
	Nonpriority Creditor's Name 256 Data Drive Draper, UT 84020	When was the debt incurred? through 2020	_				
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply					
	Who incurred the debt? Check one.						
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts					
	Yes	■ Other. Specify Goods and Services	_				
4.1	SYNCB/WALMRT DC	Last 4 digits of account number 8330	\$420.00				
	Nonpriority Creditor's Name PO Box 965024	When was the debt incurred? through 2019					
	Orlando, FL 32896 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply					
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only						
	At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community	Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	■ No	Debts to pension or profit-sharing plans, and other similar debts					
	☐ Yes	■ Other Specify Goods and Services					
		Caron opening					

Debt	or 1 Allyson D Harrison	Document Page 2	3 of 47 Case number (if known)	2/07/20 1:45F
4.1 1	Webbank/Fingerhut	Last 4 digits of account number	1868	\$0.00
	Nonpriority Creditor's Name 6250 Ridgewood Road	When was the debt incurred?	through 2019	
	Saint Cloud, MN 56303 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:	

☐ Student loans

report as priority claims

Part 3: List Others to Be Notified About a Debt That You Already Listed

■ Other. Specify Goods and Services

☐ Obligations arising out of a separation agreement or divorce that you did not

 \square Debts to pension or profit-sharing plans, and other similar debts

Part 4: Add the Amounts for Each Type of Unsecured Claim

☐ Check if this claim is for a community

Is the claim subject to offset?

debt

■ No

☐ Yes

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
Total	6f.	Student loans	6f.	\$ 0.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 13,944.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 13,944.00

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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		Document	Page 24 of 47	2/07/20 1:45PM
is inform	ation to identify your case	:		
	Allyson D Harrison			
	First Name	Middle Name	Last Name	

Deblor i	Allyson D Harris	on		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		SOUTHERN DISTRICT	OF OHIO	
Case number (if known)				

☐ Check if this is an amended filing

Official Form 106G

Fill in th

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	whom you have the	e contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.3	Oity		Oldio	211 0000	
0	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.4	Oity		Oldio	Zii Godo	
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.5	- iii		Oldio	211 0000	
	Name				_
	Number	Street			_
	City		State	ZIP Code	_

		Documen	t Page 25 of	f 47	2/07/20 1:45PM
Fill in this i	information to identify your	case:			
Debtor 1	Allyson D Harriso	on			
Dahtar 0	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing	g) First Name	Middle Name	Last Name		
United State	es Bankruptcy Court for the:	SOUTHERN DISTRICT C	OF OHIO		
Case numb (if known)	er				☐ Check if this is an amended filing
Official	Form 106H				
Sched	ule H: Your Cod	ebtors			12/15
people are fill it out, an	filing together, both are equa	ally responsible for supply boxes on the left. Attach t . Answer every question.	ring correct informati he Additional Page to	on. If more space is no this page. On the top	ate as possible. If two married eeded, copy the Additional Page, of any Additional Pages, write
_ `	, ,	3 , ,			
■ No □ Yes					
Arizona	in the last 8 years, have you a, California, Idaho, Louisiana, Go to line 3. Did your spouse, former spou	Nevada, New Mexico, Puer	to Rico, Texas, Washii		r states and territories include
in line : Form 1	2 again as a codebtor only i	f that person is a guaranto	r or cosigner. Make s	sure you have listed th	g with you. List the person shown ne creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor ame, Number, Street, City, State and ZI	P Code		Column 2: The cre Check all schedule	ditor to whom you owe the debt s that apply:
3.1				☐ Schedule D, line	€
N	lame			☐ Schedule E/F, li ☐ Schedule G, line	
	lumber Street City	State	ZIP Code	_	
3.2				_ Schedule D, line	÷
N	lame			☐ Schedule E/F, li ☐ Schedule G, line	
N	lumber Street			_	

State

City

ZIP Code

Case 1:20-bk-10351 Doc 1 Filed 02/07/20 Entered 02/07/20 13:46:02 Desc Main Document Page 26 of 47

Fill	in this information to ident	tify your cas	e:							
Del	btor 1 Ally	son D Har	rison			_				
	btor 2					_				
Uni	ited States Bankruptcy Co	ourt for the:	SOUTHERN DISTRIC	T OF OHIO		_				
	se number					[ed filing ent showing	g postpetition	chapter
O	fficial Form 106	6I							mowing date.	
	chedule I: You		me				MM / DD/ Y	YYY		12/15
spo atta	plying correct information use. If you are separated the asseparate sheet to the treatment of the treatment	d and your his form. O	spouse is not filing wi	th you, do not inclu	ude inforr	nation ab	out your spo	ouse. If mo	ore space is	needed,
1.	Fill in your employmer information.	nt		Debtor 1			Debtor 2	or non-fi	ling spouse	
	If you have more than one job, attach a separate page with information about additional		Employment status	■ Employed			☐ Employed			
		WILLI	Linployment status	☐ Not employed			☐ Not e	mployed		
	employers.		Occupation	School Bus Dri	iver		_			
	Include part-time, seaso self-employed work.		Employer's name	Indian Hill Exer	mpted S	chool				
	Occupation may include or homemaker, if it appli		Employer's address	6200 Drake Roa Cincinnati, OH						
			How long employed th	nere? 1 year						
Par	rt 2: Give Details A	bout Montl	nlv Income							
spoi	imate monthly income as use unless you are separa ou or your non-filing spous e space, attach a separate	s of the dat ated.	e you file this form. If y	_		mployers		on on the lin	nes below. If y	
2.	List monthly gross wa deductions). If not paid				2.	 \$	1,905.00	non-fili	ng spouse N/A	
3.	Estimate and list mont	•	·	y waye would be.	3.	· —		Ψ +\$		
		-				+\$	0.00		N/A	
4.	Calculate gross Incom	ne. Add line	2 + line 3.		4.	\$	1,905.00	\$	N/A	

Deb	tor 1	Allyson D Harrison	-		Case r	number (<i>if k</i>	nowi	7)				
					For	Debtor 1				r Debtor 2 n-filing sp		
	Cop	y line 4 here	4.		\$	1,90	5.0	0	\$	i-illing sp	N/A	_
_						,			_			_
5.		all payroll deductions:	_		•			_	•			
	5a.	Tax, Medicare, and Social Security deductions	5a		\$	13			\$_		N/A	_
	5b.	Mandatory contributions for retirement plans	5b		\$	19			\$_		N/A	_
	5c.	Voluntary contributions for retirement plans	50		\$		0.0	_	\$_		N/A	_
	5d. 5e.	Required repayments of retirement fund loans Insurance	5d 5e		\$		0.0	_	\$_ \$		N/A	_
	5e. 5f.	Domestic support obligations	5f.		\$ 	11:	2.0 0.0	_	\$ _		N/A N/A	_
	5g.	Union dues	5g		\$ 		0.0	_	\$_		N/A	_
	5h.	Other deductions. Specify:	_). 1.+	<u>\$</u> —		0.0	_	: -		N/A	_
6.		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_ 6.		\$	43		_	* *		N/A	_
o. 7.			7.		· —			_	Ψ_ \$			_
		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	1,46	0.0	<u> </u>	Φ_		N/A	_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total										
		monthly net income.	8a	a.	\$	(0.0	0	\$		N/A	
	8b.	Interest and dividends	8b).	\$		0.0	0	\$		N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	80) .	\$	(0.0	0	\$		N/A	
	8d.	Unemployment compensation	80	d.	\$		0.0		\$		N/A	_
	8e.	Social Security	8e	€.	\$		0.0	0	\$		N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.		\$		0.0	0	\$		N/A	
	8g.	Pension or retirement income	8g	j.	\$		0.0	0	\$		N/A	_
	8h.	Other monthly income. Specify:	_ 8h	1.+	\$	(0.0	0	+ \$ _		N/A	_
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$	(0.0	0	\$_		N/	A
10	Cald	culate monthly income. Add line 7 + line 9.	10.	2	1	1,468.00	1.[\$		N/A =	\$	1,468.00
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_		,400.00	1	Ψ_			ΪΨ –	1,400.00
11.	Incluothe Other	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify:	depe			•						0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies								12.	\$	1,468.00
13.	Do '	you expect an increase or decrease within the year after you file this form	?								Combi nonth	ned ly income
		No.										
		Yes. Explain:										

Official Form 106l Schedule I: Your Income page 2

Case 1:20-bk-10351 Doc 1 Filed 02/07/20 Entered 02/07/20 13:46:02 Desc Main Document Page 28 of 47

Fill	in this information to identify your case:				
Deb	Allyson D Harrison			eck if this is:	
	btor 2			An amended filing A supplement show 13 expenses as of	wing postpetition chapter the following date:
Unit	ited States Bankruptcy Court for the: SOUTHERN DISTRICT OF OH	IO		MM / DD / YYYY	
	se numberknown)				
O	fficial Form 106J				
Be info	chedule J: Your Expenses as complete and accurate as possible. If two married people formation. If more space is needed, attach another sheet to this mber (if known). Answer every question.				
Par 1.	rt 1: Describe Your Household Is this a joint case?				
1.	■ No. Go to line 2. □ Yes. Does Debtor 2 live in a separate household?				
	☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expens</i>	ses for Separate Househ	<i>old</i> of Del	otor 2.	
2.	Do you have dependents? ■ No				
	Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor 2		Dependent's age	Does dependent live with you?
	Do not state the dependents names.				□ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No
3.	Do your expenses include expenses of people other than yourself and your dependents?				☐ Yes
Est exp app	t 2: Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unless penses as of a date after the bankruptcy is filed. If this is a suplicable date.	pplemental <i>Schedule</i> . e if you know			
	e value of such assistance and have included it on <i>Schedule I.</i> fficial Form 106l.)	: Your Income		Your exp	enses
4.	The rental or home ownership expenses for your residence payments and any rent for the ground or lot.	. Include first mortgage	4.	\$	650.00
	If not included in line 4:				
	4a. Real estate taxes		4a.	\$	0.00
	4b. Property, homeowner's, or renter's insurance		4b.	·	0.00
	Home maintenance, repair, and upkeep expenses Homeowner's association or condominium dues		4c. 4d.	· ———	0.00
5.	Additional mortgage payments for your residence, such as h	home equity loans	4a. 5.	·	0.00

Debtor 1 Allyson D Harrison Case number (if known) **Utilities:** 6a. Electricity, heat, natural gas 6a. \$ 60.00 6b. \$ 6b. Water, sewer, garbage collection 0.00 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 150.00 6d. Other. Specify: 6d. \$ 0.00 Food and housekeeping supplies 7. \$ 300.00 Childcare and children's education costs 8. \$ 0.00 Clothing, laundry, and dry cleaning 9. \$ 10.00 Personal care products and services 10. \$ 20.00 11. Medical and dental expenses 11. \$ 0.00 12. Transportation. Include gas, maintenance, bus or train fare. 75.00 12. \$ Do not include car payments. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 0.00 14. Charitable contributions and religious donations 14. \$ 0.00 Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a. \$ 0.00 15b. Health insurance 15b. \$ 0.00 15c. Vehicle insurance 15c. \$ 0.00 15d. Other insurance. Specify: 15d. \$ 0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 0.00 16. \$ Installment or lease payments: 17a. \$ 196.00 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17b. \$ 0.00 17c. Other. Specify: 17c. \$ 0.00 17d. Other. Specify: 17d. \$ 0.00 18. Your payments of alimony, maintenance, and support that you did not report as 0.00 18. \$ deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. 0.00 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 0.00 20a. \$ 20b. \$ 20b. Real estate taxes 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. \$ 20d. Maintenance, repair, and upkeep expenses 0.00 20e. Homeowner's association or condominium dues 20e. \$ 0.00 21. Other: Specify: 21. +\$ 0.00 22. Calculate your monthly expenses 22a. Add lines 4 through 21. 1,461.00 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 \$ 22c. Add line 22a and 22b. The result is your monthly expenses. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$ 1,468.00 23b. Copy your monthly expenses from line 22c above. 23b. 1,461.00 23c. Subtract your monthly expenses from your monthly income. 23c. 7.00 The result is your monthly net income.

24.	Do you expect an increase or	decrease in your	expenses within	the year after	you file this form?
-----	------------------------------	------------------	-----------------	----------------	---------------------

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

■ No.	
ΠYes	Explain here:

Document Page 30 of 47

Fill in this info	rmation to identify your	case:			
Debtor 1	Allyson D Harris	on			
	First Name	Middle Name	Last Name		
Debtor 2	T: AN	ACT III AT			
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States E	Bankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO		
Case number					
(if known)				☐ Check if this is an	ı
				amended filing	
Official Fo	rm 106Dec				
		an Individual	Dobtor's So	bodulos	
Declara	HIOH ADOUL A	ili iliuiviuuai	Deproi 2 3c	ileuules	12/15
f two married	people are filing togethe	r, both are equally respor	nsible for supplying corr	rect information.	
You must file t	his form whenever you f	ile hankruntov schedules	or amended schedules	. Making a false statement, concealing property	or
obtaining mon	ey or property by fraud i	n connection with a bank		n fines up to \$250,000, or imprisonment for up t	
years, or both.	18 U.S.C. §§ 152, 1341,	l519, and 3571.			
Si	gn Below				
Did you p	pay or agree to pay some	eone who is NOT an attori	ney to help you fill out b	eankruptcy forms?	
■ No					
INO					
☐ Yes.	Name of person			Attach Bankruptcy Petition Preparer's No Declaration, and Signature (Official Form	
				Deciaration, and Signature (Official Politi	1 113)
Under per	nalty of perjury, I declare	that I have read the sumi	mary and schedules filed	d with this declaration and	
	are true and correct.		•		

Signature of Debtor 2

Date

X /s/ Allyson D Harrison

Allyson D Harrison Signature of Debtor 1

Date February 6, 2020

E:II	l in this inform	nation to identify your	00001		
		nation to identify your			
De	btor 1	Allyson D Harris	ON Middle Name	Last Name	
	btor 2				
(Sp	ouse if, filing)	First Name	Middle Name	Last Name	
Un	ited States Bar	nkruptcy Court for the:	SOUTHERN DISTRICT OF	OHIO	
	se number				☐ Check if this is an amended filing
	ficial For				
St	atement	of Financial A	Affairs for Individ	uals Filing for Bankruptcy	4/1
info nun	ormation. If ments	ore space is needed, a). Answer every ques	attach a separate sheet to th	e filing together, both are equally responsi nis form. On the top of any additional page: Lived Before	
1.	What is your	current marital statu	\$?		
	☐ Married				
	■ Not mari	ried			
2.	_	ast 3 years, have you l	ived anywhere other than w	here you live now?	
	☐ No ■ Yes. List	t all of the places you li	ved in the last 3 years. Do not	include where you live now.	
		ior Address:	Dates Debtor 1	Debtor 2 Prior Address:	Dates Debtor 2 lived there
	6702 Dods Hillsboro,		From-To: June, 2019 through September, 201	☐ Same as Debtor 1	☐ Same as Debtor 1 From-To:
	74 Greenla Loveland,		From-To: January, 2015 through June, 2019	☐ Same as Debtor 1	☐ Same as Debtor 1 From-To:
	No Yes. Ma Explain	ke sure you fill out <i>Sch</i> n the Sources of Your any income from em	edule H: Your Codebtors (Office Income	a business during this year or the two pre	ngton and Wisconsin.)
				businesses, including part-time activities. together, list it only once under Debtor 1.	
	_	in the details.			
			Debtor 1	Debtor 2	

Document Page 32 of 47 Case number (if known)

					Debtor 1					Debtor 2		
						of income that apply.	(befo	ss income ore deductions a usions)	and	Sources of inc Check all that a		Gross income (before deductions and exclusions)
			1 of currei led for bar	nt year until kruptcy:	■ Wage bonuses,	s, commissions, tips		\$1,818	3.00	☐ Wages, combonuses, tips	ımissions,	
					☐ Opera	ting a business				☐ Operating a	business	
			dar year: December	31, 2019)	■ Wage bonuses,	s, commissions, tips		\$18,760	0.00	☐ Wages, combonuses, tips	ımissions,	
					☐ Opera	ting a business				☐ Operating a	business	
			lar year be December		■ Wage bonuses,	s, commissions, tips		\$17,531	.00	☐ Wages, combonuses, tips	ımissions,	
					☐ Opera	ting a business				☐ Operating a	business	
Include income regardless of whether that income is taxable. Examples of <i>other income</i> are alimony; child support; Social Security, unemployme and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lotte winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details.												
					Debtor 1					Debtor 2		
						of income below.	each (befo	ss income fron n source ore deductions a usions)		Sources of inc Describe below		Gross income (before deductions and exclusions)
Pa	rt 3:	List	Certain Pa	yments You	Made Befo	ore You Filed for	Bankru	iptcy				
 List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurre individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more? No. Go to line 7. Yes List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amour paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. All not include payments to an attorney for this bankruptcy case. 							ne total amount you nd alimony. Also, do					
	_		•	•		2 and every 3 year			ed on c	or after the date of	f adjustment.	
	■ Ye	es.				e primarily consult for bankruptcy, d			a total	of \$600 or more?	,	
			No.	Go to line 7								
			□ Yes		ments for c							creditor. Do not nclude payments to an
	Credi	tor's	s Name and	d Address		Dates of payme	ent	Total amou	int iid	Amount you still owe	Was this p	ayment for
								,				

Debtor 1 Allyson D Harrison

Page 33 of 47 Document Debtor 1 Allyson D Harrison Case number (if known) Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Nο Yes. List all payments to an insider. **Insider's Name and Address** Amount you Dates of payment Total amount Reason for this payment still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider **Insider's Name and Address** Reason for this payment Dates of payment **Total amount** Amount you Include creditor's name paid still owe Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο ☐ Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. □ No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address Describe the Property** Value of the Date property Explain what happened **Nissan Motor Acceptance** 2016 Nissan 2019 \$0.00 PO Box 660366 Dallas, TX 75266-0366 Property was repossessed. ☐ Property was foreclosed. ☐ Property was garnished. ☐ Property was attached, seized or levied. 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No

Filed 02/07/20 Entered 02/07/20 13:46:02

☐ Yes

Case 1:20-bk-10351

Doc 1

Case 1:20-bk-10351 Doc 1 Filed 02/07/20 Entered 02/07/20 13:46:02 Desc Main Document Page 34 of 47

Debtor 1 Allyson D Harrison Case number (if known)

Do	tt 5: List Certain Gifts and Contributions	_			
			did you give any gifts with a total value of more t	nan \$600 per person	?
	Gifts with a total value of more than \$600 per person	0	Describe the gifts	Dates you gave the gifts	Value
	Person to Whom You Gave the Gift and Address:				
14.	Within 2 years before you filed for bankru ■ No □ Yes. Fill in the details for each gift or co		did you give any gifts or contributions with a totation.	I value of more than	\$600 to any charity?
	Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code	otal	Describe what you contributed	Dates you contributed	Value
Pai	t 6: List Certain Losses				
15.	or gambling? ■ No □ Yes. Fill in the details.	•	r since you filed for bankruptcy, did you lose anyt	hing because of thef	t, fire, other disaster,
	how the loss occurred	Includ	e the amount that insurance has paid. List pending ince claims on line 33 of Schedule A/B: Property.	loss	lost
Pai	t 7: List Certain Payments or Transfers	i			
16.	consulted about seeking bankruptcy or p	repari	lid you or anyone else acting on your behalf pay or ing a bankruptcy petition? rs, or credit counseling agencies for services required		rty to anyone you
	□ No ■ Yes. Fill in the details.				
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo	ou	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	Keegan & Co. Attorneys, LLC 4440 Glen Este-Withamsville Rd Suite 350 Cincinnati, OH 45245 www.keegancolpa.com		Attorney Fees - \$1200.00 Filing Fee - \$335.00	10/2019	\$1,535.00
17.	Within 1 year before you filed for bankrup promised to help you deal with your cred Do not include any payment or transfer that No Yes. Fill in the details.	litors o		or transfer any prope	rty to anyone who
	Person Who Was Paid Address		Description and value of any property transferred	Date payment or transfer was made	Amount of payment

Case 1:20-bk-10351 Doc 1 Filed 02/07/20 Entered 02/07/20 13:46:02 Desc Main Document Page 35 of 47 2/07/20 1:45PM Case number (if known)

18.	Within 2 years before you filed for bankrup transferred in the ordinary course of your build like both outright transfers and transfers minclude gifts and transfers that you have alread No Yes. Fill in the details.	ousiness or financial affa ade as security (such as	airs? the granting of a sec			
	Person Who Received Transfer Address	Description and very transfer		payme	ibe any property or ents received or debts n exchange	Date transfer was made
	Person's relationship to you					
19.	Within 10 years before you filed for bankru beneficiary? (These are often called asset-pre No		ny property to a seli	f-settle	d trust or similar devic	ce of which you are a
	Yes. Fill in the details.					
	Name of trust	Description and v	value of the propert	ty trans	ferred	Date Transfer was made
Par	t 8: List of Certain Financial Accounts, In	struments, Safe Deposi	t Boxes, and Storag	ge Unit	s	
20.	Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, asso No Yes. Fill in the details.	or other financial accou	nts; certificates of			
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument		Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
	Park National 5100 St. Rt. 132 Owensville, OH 45160	XXXX-	■ Checking □ Savings □ Money Market □ Brokerage □ Other		Negative \$700	\$0.00
	Chase Bank 1086 St. Rt. 28 Milford, OH 45150	XXXX-	☐ Checking ☐ Savings ☐ Money Market ☐ Brokerage ☐ Other			\$200.00
21.	Do you now have, or did you have within 1 cash, or other valuables?	year before you filed fo	r bankruptcy, any s	afe dep	posit box or other dep	ository for securities,
	No					
	Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		scribe	the contents	Do you still have it?
22.	Have you stored property in a storage unit	or place other than you	r home within 1 yea	ır befor	e you filed for bankru	ptcy?
	No					
	Yes. Fill in the details.	Who also has an	had access	ء جاليو ۾	the content-	De ven still
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or l to it? Address (Number, S State and ZIP Code)		SCRIDE	the contents	Do you still have it?

Debtor 1 Allyson D Harrison

Case number (if known)

Par	t 9: Identify Property You Hold or Control for S	Someone Else							
23.	Do you hold or control any property that someo for someone.	ne else owns? Include any proper	rty you borrowed from, are storing fo	r, or hold in trust					
	No No								
	Yes. Fill in the details.	Miles and the discourants of	Daniella di anno mante	Walana					
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value					
Par	t 10: Give Details About Environmental Informa	ation							
For	the purpose of Part 10, the following definitions	apply:							
	Environmental law means any federal, state, or toxic substances, wastes, or material into the air regulations controlling the cleanup of these substances.	ir, land, soil, surface water, ground	— ·						
_	Site means any location, facility, or property as to own, operate, or utilize it, including disposal	sites.							
	Hazardous material means anything an environment hazardous material, pollutant, contaminant, or s		s waste, hazardous substance, toxic	substance,					
Rep	ort all notices, releases, and proceedings that yo	ou know about, regardless of whe	n they occurred.						
24.	Has any governmental unit notified you that you	ı may be liable or potentially liable	under or in violation of an environm	ental law?					
	■ No □ Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice					
25.	Have you notified any governmental unit of any release of hazardous material?								
	■ No □ Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice					
26.	Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.								
	■ No □ Yes. Fill in the details.								
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case					
Par	t 11: Give Details About Your Business or Con	nections to Any Business							
27.	Within 4 years before you filed for bankruptcy, o	did you own a business or have ar	ny of the following connections to an	y business?					
	☐ A sole proprietor or self-employed in a t	rade, profession, or other activity,	either full-time or part-time						
	☐ A member of a limited liability company	(LLC) or limited liability partnersh	ip (LLP)						
	☐ A partner in a partnership								
	☐ An officer, director, or managing executive of a corporation								
☐ An owner of at least 5% of the voting or equity securities of a corporation									

Case 1:20-bk-10351 Doc 1 Filed 02/07/20 Entered 02/07/20 13:46:02 Desc Main Page 37 of 47 Document Debtor 1 Allyson D Harrison Case number (if known) No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number** Address Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name **Date Issued Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Allyson D Harrison Signature of Debtor 2 Allyson D Harrison Signature of Debtor 1 Date February 6, 2020 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person ... Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

☐ Yes

■ No

Case 1:20-bk-10351 Doc 1 Filed 02/07/20 Entered 02/07/20 13:46:02 Desc Main Document Page 38 of 47

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Southern District of Ohio

In re	e Allyson D Harrison		Case No.	
		Debtor(s)	Chapter	7
	DISCLOSURE OF COMPE	ENSATION OF ATTOR	NEY FOR DE	EBTOR(S)
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 201 compensation paid to me within one year before the fill be rendered on behalf of the debtor(s) in contemplation	ing of the petition in bankruptcy, o	or agreed to be paid	to me, for services rendered or to
	For legal services, I have agreed to accept		\$	1,200.00
	Prior to the filing of this statement I have received	l	\$	1,200.00
	Balance Due			0.00
2.	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
3.	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
4.	■ I have not agreed to share the above-disclosed com	pensation with any other person u	inless they are mem	bers and associates of my law firm.
	☐ I have agreed to share the above-disclosed compencopy of the agreement, together with a list of the na			
5.	In return for the above-disclosed fee, I have agreed to	render legal service for all aspects	of the bankruptcy c	ase, including:
	 a. Analysis of the debtor's financial situation, and rend b. Preparation and filing of any petition, schedules, state. c. Representation of the debtor at the meeting of credited. d. Representation of the debtor in adversary proceeding. e. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and applications of the secured continuous continuou	atement of affairs and plan which a tors and confirmation hearing, and ags and other contested bankruptcy reduce to market value; exer- tions as needed; preparation a	may be required; d any adjourned hear matters; mption planning;	rings thereof; preparation and filing of
6.	By agreement with the debtor(s), the above-disclosed for Representation of the debtors in any dany other adversary proceeding, include	ischargeability actions, judic	service: ial lien avoidance	es, relief from stay actions or
		CERTIFICATION		
	I certify that the foregoing is a complete statement of a bankruptcy proceeding.	ny agreement or arrangement for p	payment to me for re	epresentation of the debtor(s) in
F	February 6, 2020	/s/ Christopher Tra	avis	
_	Date	Christopher Travis	S	
		Signature of Attorney Keegan & Co. Atto		
		4440 Glen Este-Wi		
		Suite 350	34E	
		Cincinnati, OH 452 (513) 752-3900 Fa		2
		christravisbook@		-
		Name of law firm		

Fill in this information to identify your case:	Check one box only as directed in this form and in Form 122A-1Supp:	
Debtor 1 Allyson D Harrison		
Debtor 2 (Spouse, if filing)	■ 1. There is no presumption of abuse	
United States Bankruptcy Court for the: Southern District of Ohio Case number	☐ 2. The calculation to determine if a presumption of a applies will be made under <i>Chapter 7 Means Test Calculation</i> (Official Form 122A-2).	
(if known)	☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.	
	☐ Check if this is an amended filing	
Official Form 122A - 1	D Official in this is all afficiated filling	
Chapter 7 Statement of Your Current Mon	nthly income	12/19
attach a separate sheet to this form. Include the line number to which the additiona case number (if known). If you believe that you are exempted from a presumption of qualifying military service, complete and file Statement of Exemption from Presumption 1: Calculate Your Current Monthly Income	of abuse because you do not have primarily consumer debts or because	of
What is your marital and filing status? Check one only.		
■ Not married. Fill out Column A, lines 2-11.		
☐ Married and your spouse is filing with you. Fill out both Columns A	A and B, lines 2-11.	
☐ Married and your spouse is NOT filing with you. You and your sp	pouse are:	
☐ Living in the same household and are not legally separated. Fi	ill out both Columns A and B, lines 2-11.	
☐ Living separately or are legally separated. Fill out Column A, line penalty of perjury that you and your spouse are legally separated living apart for reasons that do not include evading the Means Test	under nonbankruptcy law that applies or that you and your spouse a	
Fill in the average monthly income that you received from all sources, derived d 101(10A). For example, if you are filing on September 15, the 6-month period would b the 6 months, add the income for all 6 months and divide the total by 6. Fill in the resu spouses own the same rental property, put the income from that property in one column.	be March 1 through August 31. If the amount of your monthly income varied du oult. Do not include any income amount more than once. For example, if both	ıring
	Column A Column B Debtor 1 Debtor 2 or non-filing spouse	
Your gross wages, salary, tips, bonuses, overtime, and commission payroll deductions).	\$ 1,588.35 \$	
Alimony and maintenance payments. Do not include payments from a Column B is filled in.	a spouse if \$ \$	
4. All amounts from any source which are regularly paid for household of you or your dependents, including child support. Include regular of from an unmarried partner, members of your household, your dependent and roommates. Include regular contributions from a spouse only if Colum	contributions ats, parents,	

6. Net income from rental and other real property

Ordinary and necessary operating expenses

Ordinary and necessary operating expenses

Gross receipts (before all deductions)

Gross receipts (before all deductions)

filled in. Do not include payments you listed on line 3. 5. Net income from operating a business, profession, or farm

> Debtor 1 0.00 \$ -\$ 0.00 0.00 Copy here -> \$

-\$

Net monthly income from rental or other real property 7. Interest, dividends, and royalties

Net monthly income from a business, profession, or farm \$

0.00 0.00

0.00

0.00

Official Form 122A-1

Debtor 1 0.00

0.00 Copy here -> \$

0.00

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		Document	Pa	ae 40 of 47	

Debtor 1	Allyson D Harrison		Case numb	oer (<i>ir known</i>)		
			Column A Debtor 1		Column B Debtor 2 or non-filing s	
	nemployment compensation		\$	0.00	\$	
	o not enter the amount if you contend that the amou e Social Security Act. Instead, list it here:	int received was a benefit under	r			
	For your spouse	\$				
	. o. your opouco	.*				
be no Ur dis pa do	ension or retirement income. Do not include any a enefit under the Social Security Act. Also, except as it include any compensation, pension, pay, annuity, nited States Government in connection with a disab sability, or death of a member of the uniformed serv by paid under chapter 61 of title 10, then include that the estimate of the service of the uniformed service of the uniformed service of the service of the amount of retired pay to which year tretired under any provision of title 10 other than cha	stated in the next sentence, do or allowance paid by the ility, combat-related injury or ices. If you received any retired t pay only to the extent that it ou would otherwise be entitled		0.00	\$	
Do re do Ur dis	come from all other sources not listed above. Sponot include any benefits received under the Social ceived as a victim of a war crime, a crime against homestic terrorism; or compensation, pension, pay, a nited States Government in connection with a disabsability, or death of a member of the uniformed serveurces on a separate page and put the total below.	Security Act; payments umanity, or international or nnuity, or allowance paid by the ility, combat-related injury or	; \$	0.00	\$	
	·		\$	0.00	\$	
	Total amounts from separate pages, if any.		\$	0.00	\$	
44 6	, , ,	lines O through 40 for		7		
	alculate your total current monthly income. Add ach column. Then add the total for Column A to the		1,588.35	+ \$		= \$ 1,588.35
	Determine Whether the Means Test Applies alculate your current monthly income for the yea a. Copy your total current monthly income from line	ar. Follow these steps:	Co	py line 11 l	nere=>	\$ 1,588.35
						
40	Multiply by 12 (the number of months in a year)					x 12
12	Multiply by 12 (the number of months in a year) 2b. The result is your annual income for this part of the result is your annual income for the result is your annual incom	he form			12b	40.000.00
	, ,				12b	40.000.00
13. C a	b. The result is your annual income for this part of t				12b	40.000.00
13. C a	b. The result is your annual income for this part of talculate the median family income that applies to	o you. Follow these steps:			12b	40.000.00
13. C a Fi Fi Fi To	the The result is your annual income for this part of the state in which you live.	OH 1 e of household. o online using the link specified	in the sepa	arate instruc	13.	40.000.00
13. Ca Fil Fil Fil To	The result is your annual income for this part of the control of t	OH 1 e of household. o online using the link specified	in the sepa	arate instruc	13.	\$ 19,060.20
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Case 1:20-bk-10351 Doc 1 Filed 02/07/20 Entered 02/07/20 13:46:02 Desc Main Document Page 41 of 47

Debtor 1	Allyson D Harrison	Case number (if known)	
	MM / DD / YYYY		
	If you checked line 14a, do NOT fill out or file Form 122A-2.		

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Case 1:20-bk-10351 Doc 1 Filed 02/07/20 Entered 02/07/20 13:46:02 Desc Main Document Page 42 of 47

Debtor 1 Allyson D Harrison Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 08/01/2019 to 01/31/2020.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Wages

Income by Month:

6 Months Ago:	08/2019	\$0.00
5 Months Ago:	09/2019	\$2,270.90
4 Months Ago:	10/2019	\$1,883.54
3 Months Ago:	11/2019	\$1,817.42
2 Months Ago:	12/2019	\$1,741.11
Last Month:	01/2020	\$1,817.10
	Average per month:	\$1,588.35

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7	:	Liquidation	
\$2	245	filing fee	
\$	75	administrative fee	
+ \$	15	trustee surcharge	
\$3	35	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

2/07/20 1:45PM

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

2/07/20 1:45PM

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Big Lots c/o Calvary Portfolio Services LLC PO Box 27288 Tempe AZ 85282-7288

Capital One Bank USA NA PO Box 85015 Richmond VA 23285-5015

Credit One Bank PO Box 98872 Hanover MD 21076

Eagle Loan Company Of Ohio 4450 Eastgate Blvd. Suite 235 Cincinnati OH 45255

Kohl's/Capone PO Box 3115 Milwaukee WI 53201

LVNV Funding c/o Resurgent Capital Services PO Box 1269 Greenville SC 29603

Nissan Motor Acceptance PO Box 660366 Dallas TX 75266-0366

One Main PO Box 1010 Evansville IN 47706-1010

Park National Bank PO Box 1130 West Chester OH 45071

Progressive Leasing 256 Data Drive Draper UT 84020

SYNCB/WALMRT DC PO Box 965024 Orlando FL 32896

Webbank/Fingerhut 6250 Ridgewood Road Saint Cloud MN 56303